OCCUPANTS FUMIGATION NOTICE AND PESTICIDE DISCLOSURE

JOB ADDRESS ☐ Single Family Dwelling	CI	TY	
Owner/Agent ————		U Other———	
Tel. No. ()		y No. ()	_
Occupant			
Tel. No. ()	Emergency	y No. ()	
Prime Contractor Fumigation Contractor		Emergency No. ()	
Fumigation Contractor Target Pest(s): Drywood		Emergency No. ()	
Target Pest(s): Drywood	I Termites ☐ Beetle	es Other(s)	Chuarida.
Fumigants proposed to be u	sed. \square Methyr bronnide	vikarie <u>Suiruryi</u>	(Product Name)
Other(s)			
that would allow the passage o		e to be fumigated to any other	any other construction elements adjacent or adjoining structure?
CHLOROPIC	RIN WILL BE USED AS WAR	RNING AGENT WITH EITHE	R FUMIGANT
Dates of fumigation:		Date changes/Alternati	ve date:
	<u>IMPORTANT - F</u>	READ CAREFULLY	
THIS BUILDING WILL BE FU AND ANIMALS MUST VACAT		* *	CATED ABOVE. ALL PERSONS JMIGATION CREW.
UNDER NO CIRCUMSTANCE IS POSTED GIVING THE TIM			IGATION COMPANY'S NOTICE
pest control companies are regregistered and approved for us Protection Agency. Registration	gistered and regulated by the se by the California Departmer on is granted when the State conditions are followed or tha	Structural Pest Control Board at of Pesticide Regulation and finds that based on existing t the risks are outweighed by	E TOXIC CHEMICALS. Structural, and apply pesticides which are the United States Environmental scientific evidence there are no the benefits. The degree of risk
speech or difficulty in breathing	g, leave the structure immediat ne number) and notify your pe	tely and seek medical attention st control company. The warni	ness, slowed movement, garbled n by contacting your physician or ng agent, chloropicrin, can cause ition can be fatal.
the County Health Departmen	t (telephone number); for Apegulatory Information - the Stru	plication Information - the Co	number); for Health Questions - bunty Agricultural Commissioner 0/737-8188, 1418 Howe Avenue,
FOR HEALTH QUESTIONS:			
COUNTY HEALTH DEPARTMENT	COUNTY AGRICULTURAL COMMISSIONER	POISON CONTROL CENTER	STRUCTURAL PEST CONTROL BOARD
PHONE #	PHONE #	PHONE #	PHONE #
(This section may be m	odified to include the inforr	hation of geographical area	served by the licensee.)
_	pt of a copy of this docume	ent as well as a list that inc	cludes the instructions for the
We suggest that you fumigation. Close off any o			to keep pets away during the ng.
[] Owner/Agent (signature) Date			
Occupants(s) (signature)			
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